

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041589

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10095

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Filed OCT 17 1963

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
46 years

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Homer G. Phillips

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4000 Fairfax

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Mattie Horne

4. DATE OF DEATH
Month Day Year
10 9 63

5. SEX
Fem.

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
5-15-1894 69 years

9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Maid

10b. KIND OF BUSINESS OR INDUSTRY
Nick's Skating Rink

11. BIRTHPLACE (City and state or country)
Meridian, Miss.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Hamp Frost

13b. MOTHER'S MAIDEN NAME

Addie - Last name not known

14. NAME OF HUSBAND OR WIFE

William A. Horne (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
St. Louis, Mo.
Mattie Rodgers-4223 Enright Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Renal Failure

INTERVAL BETWEEN ONSET AND DEATH
Undet.

DUE TO (b)

Obstructive Uropathy

DUE TO (c)

603x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-20-63 to 10-9-63 and last saw her alive on 10-9-63
Death occurred at 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Sherle B. Herford M.D.

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

10-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

10/12/63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis 21, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Riley Undertakers-3759 Finney Ave. OCT 11 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59			
1			
2	21		
3	2		
4	3		
5	3		
6			
7	1		
8	2		
9			
10			
11			
12	77-1		
13			

CH-10-101

1001

1001

1001

Missouri

St. Louis

1000 Fairfax

St. Louis

Howard G. Phillips

63

63

63

63

63

63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

80-0-01

80-0-01

80-0-01

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

80-0-01